| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003   |                                                                                                                                                                               |                                           |              |                              |              |                  |             |        |                        |         |                     | 5                      |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|------------------------------|--------------|------------------|-------------|--------|------------------------|---------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Cotumn 2)                           |                                                                                                                                                                               |                                           |              |                              |              |                  |             | LL E   | NTITY                  | OR      | OTHER<br>SMALL      |                        |
| τα                                                                       | TAL CLAIMS                                                                                                                                                                    |                                           | 17           |                              |              |                  | RA          | TE     | FEE                    |         | RATE                | FEE                    |
| FC                                                                       | A                                                                                                                                                                             |                                           | NUMBER FILED |                              | NUMBER EXTRA |                  | BASI        | CFEE   | 385.00                 | OR      | Basic Fee           | 770.00                 |
| TO                                                                       | TAL CHARGEA                                                                                                                                                                   | BLE CLAIMS                                | Minus 20=    |                              | . 6          |                  | xs          | X\$ 9= |                        | OR      | XS18=               |                        |
| INC                                                                      | EPENDENT C                                                                                                                                                                    | AMS                                       | 3 minus3=    |                              | • 6          |                  | X43=        |        |                        | OR      | X86≈                |                        |
| MU                                                                       | LTIPLE DEPEN                                                                                                                                                                  | DENT CLAIM P                              | RESENT       | •                            |              |                  | +145=       |        | ·                      | 20      | +290=               |                        |
| * If the difference in column 1 is less than zero. enter *0" in column 2 |                                                                                                                                                                               |                                           |              |                              |              |                  |             | TAL    | 315                    | OR      | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II                                              |                                                                                                                                                                               |                                           |              |                              |              |                  |             |        |                        |         | OTHER               |                        |
| (Column 1) (Column 2)                                                    |                                                                                                                                                                               |                                           |              |                              |              | (Cotumn 3)       | SM          | ALL    | ENTITY                 | OR      | SMALL               |                        |
| AMENDMENT A                                                              |                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT          |              | PREVIO                       | BEA<br>DUSLY | PRESENT<br>EXTRA | RA          | TE     | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADOI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                         | . 18                                      | Minus        | - 6                          | 20           | •                | xs          | 9=     |                        | QR      | XS18=               |                        |
|                                                                          | Independent                                                                                                                                                                   |                                           |              | Minus ***                    |              | . 3              | X4          | 3=     | 3646                   | ОЯ      | X86=                |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                |                                           |              |                              |              |                  |             | 5-     |                        | OR      | +290=               |                        |
| 2/1/66                                                                   |                                                                                                                                                                               |                                           |              |                              |              |                  |             | OTAL   | 3000                   | OR      | TOTAL<br>ADDIT FEE  |                        |
| 2/(/60 (Column 1) (Column 2) (Column 3)                                  |                                                                                                                                                                               |                                           |              |                              |              |                  |             |        |                        |         | ADDII. F CC         |                        |
| AMENDMENT B                                                              |                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | MIGH<br>MAM<br>PREVI<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RA          | TE     | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                         | . 18                                      | Minus        | - 6                          | 20           | - 0              | XS          | 9=     |                        | OR      | X\$18=              |                        |
|                                                                          | Independent                                                                                                                                                                   | • 6                                       | Minus        |                              | 0            | 1.0              | ×           | 3=     |                        | OR      | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                                                                                                                               |                                           |              |                              |              |                  |             | š.     |                        | OR      | +290=               |                        |
| 1 1 .                                                                    |                                                                                                                                                                               |                                           |              |                              |              |                  |             | OTAL   |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
| 7 7 66 (Column 1) (Column 2) (Column 3)                                  |                                                                                                                                                                               |                                           |              |                              |              |                  |             |        |                        |         |                     |                        |
| AMENDMENT C                                                              |                                                                                                                                                                               | CLAIMS<br>REMARKING<br>AFTER<br>AMENDMENT |              | PREVIO                       | BER          | PRESENT<br>EXTRA | RA          | TE     | ADDI-<br>TIONAL        |         | RATE                | ADDI-<br>TIONAL<br>SEE |
|                                                                          | Total                                                                                                                                                                         | . 16                                      | Miras        | * 0                          | 20           | .0               | XS          | 9•     | 17                     | OR      | X\$18=              |                        |
|                                                                          | Independent                                                                                                                                                                   | • 5                                       | Minus        | •••                          | 6            | • 0              |             | 3:     | X                      |         | X86=                |                        |
| ت                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                |                                           |              |                              |              |                  |             | 5=     | /\                     | OR      |                     |                        |
| ٠,                                                                       | * If this entry in column 1 is less than the entry in column 2, write "O" in column 3                                                                                         |                                           |              |                              |              |                  |             |        |                        | OR      | +290-               |                        |
| ~1                                                                       | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Freviously Paid For" IN THIS SPACE is less than 3, enter "3." |                                           |              |                              |              |                  |             |        |                        | OR      | ADDIT. FEE          |                        |
|                                                                          |                                                                                                                                                                               | Des Previously Pa                         |              |                              |              |                  | er found in | he ep  | propriate bo           | s in co | Namo I.             |                        |